

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

4-7-7						SERIAL NO.	FILED DATE		
						APPLICANT(S)			
CLAIMS									
AD FILED		APPLICANT ACCT NO. 211		APPLICANT ACCT NO. 211		DID	DEP	DID	DEP
		DID	DEP	DID	DEP				
1	/			1				91	
2	/			1				92	
3		1		1				93	
4		3		—				94	
5	1	—		1				95	
6		1		1				96	
7		1		1				97	
8		3		3				98	
9		3		3				99	
10		3		1				60	
11		3		3				61	
12		3		1				62	
13		3		1				63	
14		3		1				64	
15		3		1				65	
16		3		1				66	
17		3		—				67	
18		3		1				68	
19		3		1				69	
20		3		1				70	
21		3		1				71	
22		3		1				72	
23		3		1				73	
24		3		1				74	
25		3		1				75	
26		3		1				76	
27		3		1				77	
28		3		1				78	
29		3		1				79	
30		3		1				80	
31		3		1				81	
32		3		1				82	
33		3		1				83	
34		3		1				84	
35		3		1				85	
36		3		1				86	
37		3		1				87	
38		3		1				88	
39		3		1				89	
40		3		1				90	
41		3		1				91	
42		3		1				92	
43		3		1				93	
44		3		1				94	
45		3		1				95	
46		3		1				96	
47		3		1				97	
48		3		1				98	
49		3		1				99	
50		3		1				100	
TOTAL DID.	3	1	3	1			TOTAL DID.		
TOTAL DEP.	22	—	25	—			TOTAL DEP.	—	—
TOTAL CLAIMS	21	28-28	26	28-28			TOTAL CLAIMS	—	—